

City of Dumas

Application For Employment

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Address		City	State Zip
Telephone Number (Home)	(Work)	Social Security Number	Drivers License Number

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant for employment.

If Yes, please explain:

Do you have anyone related to you by blood or marriage working for the city, or on the City Commission? Yes No

If yes, who? _____

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name/Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree			
Describe any specialized training, apprenticeship, skills and extra- curricular activities.			
State any additional information you feel may be helpful to us in considering your application.			

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

1.	Name _____	Phone () _____
	Address _____	
2.	Name _____	Phone () _____
	Address _____	
3.	Name _____	Phone () _____
	Address _____	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time the Employer may discharge Employee at time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Position _____

Remarks _____

Interviewer Date

Employed Yes No Job Title _____ Rate _____

Attachments: Resume Applicant Reference Check Applicant Interview

Notes: _____
